

POLITICAL ACTION COMMITTEE of THE AMERICAN ASSOCIATION of ORTHOPAEDIC SURGEONS

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SEP 21 2 32 PM '99

September 16, 1999

Federal Election Commission 999 E Street NW Washington, DC 20463

Dear FEC Staff:

Enclosed is FEC Form 1M, Notification of Multicandidate Status for the Political Action Committee of the American Association of Orthopaedic Surgeons.

Please call if additional information is required.

Sincerely,

David A. Lovett

Director, Washington Office

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Enclosure

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) ot GET MED This form should be filed after the Committee qualifies as a multicandidate committee. LEVERAL ELECTION COMMISSION HAIL ROC 1. (a) NAME OF COMMITTEE IN FULL Political Action Committee of the American SEP 21 2 33 PH 199 Association of Orthopaedic Surgeons (b) Number and Street Address. 2 FEC IDENTIFICATION NUMBER 1st floor 317 Massachusetts Ave NE CO0343137 3. TYPE OF COMMITTEE (check one) (c) City, State and ZPP Code STATE PARTY G OTHER 20002 Washington D.C. I certify that one of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted, its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number. _ STATUS BY QUALIFICATION: (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.): Date State/District Office Sought Name 6130199 (ii) KY 6th US House Ernest L. Pletcher 6 30 99 (II) OR 5th US House Darlene Hoo<u>ley</u> 6 | 30 | 99 (lii) Lи Bth U\$ Hoose Bill Pascrell 6[30]99 <u> թե. 5է</u>ի US House (iv) Karen L. Thurman 7 | 15 | 99 (v) NJ 3rd us House Jim Saxton (b) Contributors: The committee received a contribution from its 51st contributor on: 6 1 1999 (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: <u>February 19, 1</u>999 (d) Qualification: The committee met the above requirements on: ___august_22, 1999 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. DATE SIGNATURE OF TREASURED TYPE OR PRINT NAME OF TREASURER amer James G. Davis NOTE: Submission of felse, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §4376 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1M For further information contact: Federal Election Commission, Washington, DC 20463

Toll-free 800-424-9580 Local 202-218-3420

Federal Election Commission

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